Division of Health Care Facilities

#467 P.109/111

PRINTED: 03/29/2012 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED		
			STREET ADD	DESS CITY	STATE ZIP CODE	03/	26/2012
BRISTOL NURSING HOME 261 NOR			DDRESS, CITY, STATE, ZIP CODE  RTH STREET  L, TN 37625				
PREFIX (EACH I	MARY STATEMENT O EFICIENCY MUST BE TORY OR LSC IDENTIF	PRECEDED BY	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LIDBE	(X5) COMPLETE DATE
N 831 1200-8-6 (1) A nursi	08 (1) Building Stange home shall condition of the	nstruct, arra	nge, and	N 831	N831		
the overall manner that	nursing home en at the safety and v re assured.	vironment in	such a		All residents had the potential affected.	to be	
Based on of failed to as maintained The finding	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the building's roof was maintained. The findings include:				A vendor has been obtained to of concern on the roof.	fix areas	
Observation with the Maintenance Director, in the facility on March 26, 2012 between 9:30 a.m. and 1:00 p.m. confirmed there were numerous locations on the ceiling that was discolored from prior water damage.  Interview with the Maintenance Director on March 26, 2012 at 1:30 a.m. confirmed the facility had an old roof that had developed leaks. The Maintenance Director stated that some roof leaks were repaired and several other locations needed to be replaced.  These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 26, 2012.				The Maintenance Director will for trouble areas with the roof found will be corrected.	100000000000000000000000000000000000000		
				The Maintenance Director will any areas of concern to the Administrator for monitoring a compliance.	nd	completion	
N1410 1200-8-61	N1410 1200-8-614(2)(a)5.(ii) Disaster Preparedness		dness	N1410			5/11/12
(2) Physica Plans.	I Facility and Cor	mmunity Em	ergency	THE PARTY OF THE P			
(a) Physica	l Facility (Interna	Situations).					
	the following disa be conducted and						

Chistoph I Coddy
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

Administrata-

(X6) DATE

STATE FORM

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AND FOR OF CORRECTION ID		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8201		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED 03/26/2012		
AME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BRISTOL	NURSING HOME			TH STREET TN 37625				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET		
M1410 Continued From page 1  month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety pro and communications with other facilities at community agencies. Records which doct and evaluate these drills must be maintain at least three (3) years.			provisions and ocument	N1410	N1410 All residents have the potential to be affected.			
<ul> <li>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised pri to March, shall include:</li> <li>(I) Staff duties by department and job assignment; and,</li> <li>(II) Evacuation procedures.</li> </ul>				Staff will be in serviced on the earthquake procedures. An earthquake drill will be p				
The second secon	This Rule is not me Based on interview failed to assure an eannually. The findings include Interview and record Director and Admini 3:15 p.m. confirmed earthquake drills ar documentation to in conducted in the pa This finding was ver Supervisor and ackle Administrator during March 26, 2012.	and record review, to earthquake drill was earthquake drill was earthquake with the Mastrator on March 26 the facility failed to nationally. There was redicate earthquake dist. If ified by the Mainten nowledged by the gathe exit conferences	intenance , 2012 at perform no irills were ance		All earthquake drills will be I the Quality Assurance Comm submission into the meeting and any issues addressed.  The Quality Assurance comm (Administrator, Director of n Assistant Director of Nursing Director, Business Office Ma Dietary Manager, Activities I	nittee for minutes nittee jursing, g, Medical nager, Director,	A STATE OF THE PROPERTY OF T	
	1 1200-8-614(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations).			N1411	Social Services, and Therapy will make recommendations improve the process and deturned when compliance has been a	to revise or termine	complete Date 5/11/12	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED	
TN8201  VAME OF PROVIDER OR SUPPLIER STREET AD			STREET ADD	DDRESS, CITY, STATE, ZIP CODE			
	NURSING HOME	i i	257707163063547710.0.800236	H STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	ION SHOULD BE ( HE APPROPRIATE		
N1411	Continued From page 2			N1411	N1411		
	<ul> <li>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</li> <li>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</li> <li>(I) Staff duties by department and job assignment; and,</li> </ul>				All residents had the potential to be affected.  Staff will be in serviced on the bomb threat procedures.		
	(II) Search team, searching the premises.				A bomb threat drill will be	performed.	
The state of the s	This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a bomb threat drill was exercised annually. The findings include: Interview and record review with the Maintenance Director and Administrator on March 26, 2012 3:15 p.m. confirmed the facility failed to perform bomb threat drills annually. There was no documentation to indicate a bomb threat drill was conducted in the past. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 26, 2012.		intenance , 2012 perform no at drill was		All bomb threat drills will be the Quality Assurance Commeeting for submission into meeting minutes and any in addressed.  The Quality Assurance commetation (Administrator, Director of Assistant Director of Nursing Director, Business Office Manager, Activities Social Services, and Therapore	mittee ssues mittee nursing, g, Medical anager, Director,	
					will make recommendation improve the process and de when compliance has been	s to revise or etermine	completion Date